

Preliminary Classification:

Proposed Class:

Subclass:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

MAIL STOP PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

22581 U.S. PTO
10/690239

102103

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): Aaron L. Hill; Michael A. Bacik

For (title): SYSTEM AND METHOD FOR INCREASING CONCENTRATION
OF STERILANT IN REGION

1. Type of Application

This application is for an original (non-provisional).

EXPRESS MAILING UNDER 37 C.F.R. § 1.10*

(Express Mail label number is *mandatory*.)

(Express Mail certification is *optional*)

I hereby certify that this paper, along with any document referred to, is being deposited with the United States Postal Service on this date October 21, 2003 in an envelope addressed to MAIL STOP PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 as "Express Mail Post Office to Addressee" Mailing Label No. ER 557548518 US.

Christine Goellner

Type or print name of person mailing paper

Date: October 21, 2003


Signature of person certifying

WARNING: Certificate of mailing (first class) or facsimile transmission procedures of 37 C.F.R. 1.8 cannot be used to obtain a date of mailing or transmission for this correspondence.

****WARNING: Each paper or fee filed by "Express Mail" must have the number of the "Express Mail" mailing label placed thereon prior to mailing. 37 C.F.R. 1.10(b).***

"Since the filing of correspondence under § 1.10 without the Express Mail mailing label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will not be granted on petition." Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.

2. Papers Enclosed

A. Required for filing date under 37 C.F.R. § 1.53(b) (Regular) or 37 C.F.R. § 1.153 (Design) Application

8 Page(s) of Specification
2 Page(s) of Claims
2 Sheet(s) of Drawing(s)--Formal

B. Other Papers Enclosed

2 Page(s) of declaration and power of attorney
1 Page(s) of abstract

3. Declaration or Oath

Enclosed and executed by the inventors.

4. Inventorship Statement

The inventorship for all the claims in this application is the same.

5. Language

English

6. Assignment

An assignment of the invention to STERIS Inc. is attached. A separate FORM PTO 1595 is also attached.

7. Fee Calculation (37 C.F.R. § 1.16)

Regular Application

CLAIMS AS FILED

							Basic Fee 37 C.F.R. § 1.16(a)	
	Number Filed		Number Extra		Rate		\$770.00	
Total								
Claims (37 C.F.R. § 1.16(c))	14	-	20	=	0	x \$ 18.00	= \$ 0.00	
Independent								
Claims (37 C.F.R. § 1.16(b))	3	-	3	=	0	x \$ 86.00	= \$ 0.00	
Multiple Dependent Claim(s), if any (37 C.F.R. § 1.16(d))					\$ 290.00		\$ 0.00	

Filing Fee Calculation

\$770.00

8. Fee Payment Being Made at This Time

Enclosed

Filing Fee	\$770.00
Recording assignment (\$40; 37 C.F.R. § 1.21(h)) (See attached "COVER SHEET FOR ASSIGNMENT ACCOMPANYING NEW APPLICATION".)	\$40.00
Total Fees Enclosed	<u>\$810.00</u>

9. Method of Payment of Fees

Authorization is hereby made to charge the amount of **\$810.00** to credit card as shown on the attached credit card information authorization form PTO-2038. Charge any additional fees required by this paper or credit any overpayment to Deposit Account No. 50-0537. A duplicate of this paper is attached.

10. Authorization to Charge Additional Fees

The Office is hereby authorized to charge, in the manner shown above, the following additional fees that may be required by this paper and during the entire pendency of this application.

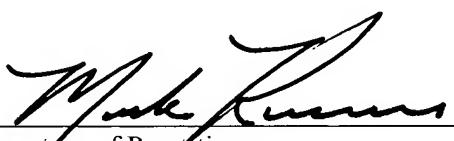
- 37 C.F.R. § 1.16(a), (f) or (g) (filing fees)
- 37 C.F.R. § 1.16(b), (c) or (d) (presentation of extra claims)

11. Instructions as to Overpayment

Credit Account No. 50-0537.

Date: October 21, 2003

Reg. No.: 31,115
Tel. No.: 440-684-1090
Customer No.: 22203



Mark Kusner
Signature of Practitioner

Mark Kusner
Mark Kusner Co., LPA
Highland Place - Suite 310
6151 Wilson Mills Road
Highland Heights, OH 44143